

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$5,995.07 for date of service, 06/11/01.
- b. The request was received on 05/31/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60 received on 05/31/02
 1. UB-92s
 2. EOB(s)
 3. Pre-authorization approval dated 05/24/01
 - b. Additional documentation received on 07/03/02
 1. Position Statement
 2. Medical Records
 3. UB-92s
 4. EOB
 5. Example EOBs from other Carriers
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 07/05/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 07/10/02; however, the respondent did not respond to the request for additional documentation nor is there an initial response found in the MDR file. A "No Initial or 14 day Response From the Carrier" sheet is reflected in Exhibit II.

3. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/28/02
"The Carrier failed to provide an adequate response to the request for reconsideration and has not forwarded any additional information indicating the Carrier's denial of additional payment. Based upon the initial denial presented by the Carrier, it is the requestor's

position that the Carrier is required to pay the entire amount in dispute. ...the Carrier did not provide any documentation of a developed or consistently applied methodology, which was used in reducing payment for the treatment/service in question.”

2. Respondent: No initial or 14 day response found.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 06/11/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$6,050.07 for services rendered on the date of service in dispute above.
4. A copy of the pre-authorization approval, dated 05/24/01, is included in the Requestor’s initial packet.
5. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as F – reduction according to fee guideline. There is no MAR value for ambulatory surgical facility centers, therefore this dispute will be reviewed as reduced to fair and reasonable.
6. The amount in dispute is \$5,995.07 for services rendered on the date of service in dispute above.

V. RATIONALE

Medical Review Division's rationale:

The medical documentation indicates the services were performed at an ambulatory surgery center. Commission Rule 134.401 (a)(4) states ASCs, “shall be reimbursed at a fair and reasonable rate...”

The Carrier’s EOBs deny reimbursement as “F -Reduction According to Fee Guidelines”; however, no monies have been issued to the Requestor for this date of service. Carrier did not respond to the initial request for dispute resolution initiated by the Requestor. It is unclear why the Carrier inappropriately denied this ambulatory surgical center fee dispute as “F – Reduction According to Fee Guideline” but issued no payment. A payment of \$0.00 is not fair and reasonable.

Therefore, based on the evidence available for review, the Requestor has established entitlement to reimbursement of \$5,995.07.

The above Findings and Decision are hereby issued this 27th day of August 2002.

MDR: M4-02-3757-01

Denise Terry, R.N.
Medical Dispute Resolution Officer
Medical Review Division

DT/dt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$5,995.07 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 27th day of August 2002.

Carolyn Ollar, B.A., RN
Supervisor - Medical Dispute Resolution Officer
Medical Review Division

CO/dt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.